2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000005358

1. Entity Name
MAXINE'S BARBER SHOP & STYLE SALON, INC.

Principal Place of Business	Mailing Address
1410 1ST ST. NE WINTER HAVEN, FL 33880	MAXINE MCKINSTRY 42 COYER RD. HAINES CITY, FL 33844

DO NOT WRITE IN THIS SPACE

05052004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3356908	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCKINSTRY, MAXINE
1410 1ST ST. NE
WINTER HAVEN, FL 33880

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)_____ DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

J000000160710
05/17/04--80010-009 150.00

10.   OFFICERS AND DIRECTORS

TITLE	O
NAME	MCKINSTRY, MAXINE
STREET ADDRESS	42 COYCE RD.
CITY-ST-ZIP	HAINES CITY, FL 33844

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Maxine McKinstry_   5/13/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #